

1 I, Dr. Joseph Jacquinot, hereby declare as follows:

2 I am a practicing dentist who has purchased dental restorations from
3 Keating Dental Arts, Inc. ("Keating"). My dental office is located at 1270 N.
4 Water St., Platteville, Wisconsin 53818. I have personal knowledge of the
5 matters set forth herein. If called upon to testify, I could and would testify as
6 follows:

7 1. I am licensed to practice dentistry in the state of Wisconsin. I
8 received a Doctor of Dental Surgery from the University of Iowa in 2005. I
9 have been practicing as a licensed dentist for over 7 years. During that time, it
10 has been a regular part of my practice to treat patients in need of dental
11 restorations.

12 2. To address my patients in need of dental restorations, it has been
13 my practice to purchase crowns and bridges from dental laboratories that
14 manufacture the restorations in response to my specifications. In this regard, I
15 provide the dental laboratories with a prescription form that identifies the
16 patient, the tooth (or teeth), and the specific dental restoration product that I
17 would like manufactured for the patient.

18 3. Since my dental practice began in 2005, I have ordered dental
19 restorations from a number of different dental laboratories. I have been ordering
20 dental restorations from Keating since April 2010. I am aware of Glidewell
21 Laboratories I briefly ordered from them in the past, but I do not currently order
22 from them.

23 4. I have ordered many different types of dental restorations from
24 Keating, including porcelain-fused-to-metal crowns, gold crowns, and crowns
25 containing zirconia.

26 5. The first time I ordered a crown containing zirconia from Keating
27 was in May 2010 when I ordered a "KDZ" crown. In 2010, Keating's "KDZ"
28 crown had a zirconia substructure with a porcelain overlay.

1 6. The first time I ordered a full contour zirconia crown from Keating
2 was in August 2011 when I ordered what Keating calls a KDZ Bruxer crown. I
3 ordered Keating's KDZ Bruxer crown for one of my patients because I wanted a
4 monolithic zirconia crown that would be stronger than a crown having a
5 porcelain overlay.

6 7. I first order the KDZ Bruxer crown from Keating because Keating
7 is the lab that I use for dental restorations and I have been very satisfied with
8 their quality and service.

9 8. Attached as **Exhibit A** are true and correct copies of Keating
10 Dental Arts prescription forms that I submitted to Keating to order KDZ Bruxer
11 crowns for two different patients in October 2011.

12 9. In the order forms attached as Exhibit A, I specified the product
13 that I was ordering by writing comments in the "Instructions" section of the
14 form. On each form, I wrote "KDA Brux-zir crown" to designate that I wanted
15 a full contour zirconia crown for the given patient. I wrote "KDA" to specify
16 Keating Dental Arts, and then wrote "Brux-zir crown" on the prescription forms
17 because to me this term indicates an all zirconia crown which is often used for
18 bruxers. I knew I was ordering the crown from Keating and I wanted to receive
19 a crown made by Keating.

20 10. When I wrote "Brux-zir crown" on the prescription form, I did not
21 intend to order a crown made by Glidewell Laboratories. Nor did I intend to
22 order a crown made from material provided by Glidewell Laboratories. When
23 placing my order with Keating, I did not think there was any affiliation between
24 Keating and Glidewell Laboratories.

25 11. From my education and experience, I readily recognize that the
26 "brux" in "bruxzir" is a reference to bruxism, and the "zir" is a reference to
27 zirconia. All zirconia crowns are useful for treating bruxism which is why I
28 used "brux-zir" to specify this product on the prescription forms I sent to

1 Keating. Additionally, I have always heard and pronounced "bruxzir" the same
2 way as "bruxer," the term used to describe a patient with bruxism.

3 12. After using "Brux-zir" on a prescription form that I sent to Keating,
4 I was contacted by a Keating employee to clarify my order. Specifically, the
5 Keating employee asked me to confirm that I wanted to order Keating's KDZ
6 Bruxer product. The Keating employee explained that the term "BruxZir" is a
7 brand name of another dental laboratory, and the employee offered to return the
8 order to me if I wanted to order from another dental laboratory. I confirmed that
9 I wanted to order Keating's full contour zirconia crown.

10 I declare under penalty of perjury under the laws of the United States of
11 America that the foregoing is true and correct.

12 Executed November 14, 2012, in Platteville, Wisconsin.


13
14
15 
16 Dr. Joseph Jacquinet
17
18
19
20
21
22
23
24
25
26
27
28

EXHIBIT A

CONFIDENTIAL ATTORNEY'S EYES ONLY



Keating
Dental Arts
Creating smiles everyday™

Phone: (949) 955-2100 Fax: (949) 955-2199
16881 Hale Avenue, Irvine, CA 92606
E-mail: shade@keatingdentalarts.com
www.keatingdentalarts.com

Doctor's Account# **JACQ** Phone# (606) 348 2393

Dr. **DR. JOSEPH JACQUINOT**

REDACTED

Patient

LAST

FIRST

Toll Free: (800)433-9833 Date Due In Office 11/2/11

PLEASE SEND THE FOLLOWING

- ☐ RX forms ☐ Mailing Labels
☐ Boxes

SPECIAL ENCLOSURES LAB USE ONLY

- ☐ Photo (s) ☐ Analog
☐ Models ☐ Implant Parts
☐ Shade Tab ☐ Impression
☐ Other

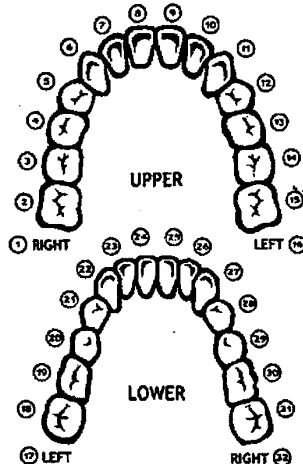
Rx SPECIFIC INSTRUCTIONS
*STANDARD UNLESS SPECIFIED.

KDA Brux-zir crown

- foil opposing
- Canine guidance

*bite off in triple
tray. Use regular
to mount.

THANKS!



Signature: *[Signature]* D.D.S. License #: 6103

TERMS: Customer agrees to company policy as stated on reverse.

Age: Sex:

☐ Dr. to Die Trim ☐ Metal Try-In

☐ Finish to Porcelain

Please indicate the distribution of hues
and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: **A3** Vita-3D:

Chromascop: Stump Shade:

Notitake: Other:



BUCCAL COLLAR DESIGN

- ☐ Hairline or mm on Buccal
☐ Porcelain Junction Margin*
☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

- ☐ All Porcelain coverage
☐ Metal Coping with Porcelain coverage*
☐ Metal Occlusal excluding Buccal CUSP
☐ Metal Occlusal including Buccal CUSP

PONTIC DESIGN

- ☐ Sanitary ☐ Full Ridge Lap ☐ Modified Ridge Lap* ☐ Bullet ☐ Oval

ANTERIOR DESIGN

- ☐ 1/4 Metal Lingual ☐ 1/2 Metal Lingual ☐ 3/4 Metal Lingual

OCCUSAL STAINING

- ☐ None ☐ Medium
☐ Light* ☐ Dark

**IF NO OCCUSAL
CLEARANCE**

- ☐ Metal Occlusion
☐ Reduction Coping
☐ Spot Opposing
☐ Make Permanent Note

PFM

- ☐ Fused to Non-Precious*
☐ Fused to Semi-Precious
☐ Fused to White High Noble
☐ Fused to Yellow High Noble
☐ Fused to Captek

LAB TIME: 5 DAYS

IMPLANTS

- ☐ Porcelain fused to Semi-Precious*
☐ Porcelain fused to White High Noble
☐ Porcelain fused to Yellow High Noble
☐ Porcelain fused to Captek
☐ Procera All-Ceramic
☐ KDZ Zirconia
☐ Procera Custom Abutment:
☐ Titanium ☐ Ceramic
☐ Atlantis Custom Abutment:
☐ Titanium* ☐ Ceramic
☐ 3i Encode

LAB TIME: 8 DAYS

CAD/CAM

- ☐ KDZ Zirconia ☐ Procera Zirkon

LAB TIME: 5 DAYS

LAB TIME: 8 DAYS

FULL CAST

- ☐ High Noble 62*--Type III
☐ Gold inlay/onlay--Type II (JRV)
☐ Yellow Semi-Precious
☐ Other

Please Specify

LAB TIME: 4 DAYS

ALL-CERAMIC

- ☐ KDA Foil Veneer
Stacked Feldspathic
☐ IPS e.max*
☐ IPS Empress* Esthetic

LAB TIME: 5 DAYS

THERMOFORMED

- ☐ Soft Nightguard
☐ Bleaching Tray
(Foam liner or reservoir)
☐ Hard Night Guard
(Thermofom)
☐ Hard Night Guard
(Hand waxed)
☐ Ultra Guard
(Soft & hard for extra comfort)
☐ Clearsplint (Flexible)
☐ Pro-Guard

LAB TIME: 4 DAYS

COMPOSITES

- ☐ Gradia

LAB TIME: 4 DAYS

KDA-TEMPS

- Abutments #s Pontics #s
☐ Wire*
☐ Cast Metal Frame
☐ Splinted
☐ Individual

LAB TIME: 4 DAYS

REMOVABLES

- ☐ KDA Denture ☐ Reine
☐ KDA Premium Denture ☐ Custom Impression Tray
☐ KDA Ultra Premium Denture ☐ Acrylic Stayplate
☐ Cast Chrome Frame ☐ Valpast* Partial Denture Complete
☐ Setup Teeth In Wax ☐ TCS* Partial Denture Complete
☐ Partial Framework to Finish ☐ Delineator™

KDA-001939

CONFIDENTIAL ATTORNEY'S EYES ONLY



Phone: (949) 955-2100 Fax: (949) 955-2199
 16881 Hale Avenue, Irvine, CA 92606
 E-mail: shade@keatingdentalarts.com
 www.keatingdentalarts.com

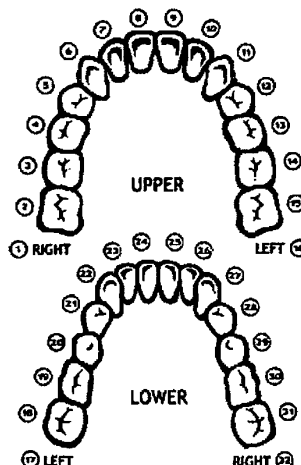
Doctor's Account # **JACQ** Phone # (606) **348 2317**
DR. JOSEPH JACQUINOT
 Dr. _____
 PLEASE PRINT CLEARLY
 Patient **REDACTED**
 LAST FIRST
 Toll Free: (800)433-9833 Date Due In Office **11/2/11**

PLEASE SEND THE FOLLOWING	
<input type="checkbox"/> RX forms	<input type="checkbox"/> Mailing Labels
<input type="checkbox"/> Boxes	
SPECIAL ENCLOSURES LAB USE ONLY	
<input type="checkbox"/> (s)	<input type="checkbox"/> Analog
<input type="checkbox"/> Models	<input type="checkbox"/> Implant Parts
<input type="checkbox"/> Shade Tab	<input type="checkbox"/> Impression
<input type="checkbox"/> Bite	<input type="checkbox"/> Other

RX SPECIFIC INSTRUCTIONS ***STANDARD UNLESS SPECIFIED.**

① - please fabricate KDA Brux-zir crown #14
 Shade A1

② please wax-up teeth #5-#12 for smile
 reconstruction. ♀ softer features
 - Axial inclination should follow my model
 - Keep midline
 - I emailed photo's for help. THANK YOU!!



Signature: *[Signature]* D.D.S. License #: **603**
 TERMS: Customer agrees to company policy as stated on reverse.

Age: _____ Sex: **F**

☐ Dr. to Die Trim ☐ Metal Try-In

☐ Finish to Porcelain

Please indicate the distribution of hues and the types of characterizations desired:

SHADE INSTRUCTIONS

Vita-Lumin: **A1** Vita-3D: _____

Chromascop: _____ Stump Shade: _____

Notake: _____ Other: _____

BUCCAL COLLAR DESIGN

☐ Hairline or _____ mm on Buccal

☐ Porcelain Junction Margin*

☐ Porcelain Butt Margin (90 shoulder req.)

METAL DESIGN

☐ All Porcelain coverage

☐ Metal Coping with Porcelain coverage*

☐ Metal Occlusal excluding Buccal CUSP

☐ Metal Occlusal including Buccal CUSP

PONTIC DESIGN

☐ Saniary ☐ Full Ridge Lap ☐ Modified Ridge Lap* ☐ Bullet ☐ Ovale

ANTERIOR DESIGN

☐ 1/4 Metal Lingual ☐ 1/2 Metal Lingual ☐ 3/4 Metal Lingual

OCCUSAL STAINING

☐ None ☐ Medium ☐ Light* ☐ Dark

IF NO OCCUSAL CLEARANCE

☐ Metal Occlusion

☐ Reduction Coping

☐ Spot Opposing

☐ Make Permanent Note

PFM <input type="checkbox"/> Fused to Non-Precious* <input type="checkbox"/> Fused to Semi-Precious <input type="checkbox"/> Fused to White High Noble <input type="checkbox"/> Fused to Yellow High Noble <input type="checkbox"/> Fused to Captek LAB TIME: 5 DAYS	ALL-CERAMIC <input type="checkbox"/> KDA Foil Veneer <input type="checkbox"/> Stacked Feldspathic <input type="checkbox"/> IPS e.max** <input type="checkbox"/> IPS Empress* Esthetic LAB TIME: 5 DAYS
IMPLANTS <input type="checkbox"/> Porcelain fused to Semi-Precious* <input type="checkbox"/> Porcelain fused to White High Noble <input type="checkbox"/> Porcelain fused to Yellow High Noble <input type="checkbox"/> Porcelain fused to Captek <input type="checkbox"/> Procera All-Ceramic <input type="checkbox"/> KDZ Zirconia <input type="checkbox"/> Procera Custom Abutment: <input type="checkbox"/> Titanium <input type="checkbox"/> Ceramic <input type="checkbox"/> Atlantis Custom Abutment: <input type="checkbox"/> Titanium* <input type="checkbox"/> Ceramic <input type="checkbox"/> 3i Encode LAB TIME: 8 DAYS	THERMOFORMED <input type="checkbox"/> Soft Nightguard <input type="checkbox"/> Bleaching Tray (Foam liner or reservoir) <input type="checkbox"/> Hard Night Guard (Thermofom) <input type="checkbox"/> Hard Night Guard (Hand waxed) <input type="checkbox"/> Ultra Guard (Soft & hard for extra comfort) <input type="checkbox"/> Clearsplint (Flexible) <input type="checkbox"/> Pro-Guard LAB TIME: 4 DAYS
CAD/CAM <input type="checkbox"/> KDZ Zirconia LAB TIME: 9 DAYS <input type="checkbox"/> Procera Zirkon LAB TIME: 9 DAYS	COMPOSITES <input type="checkbox"/> Gradia LAB TIME: 4 DAYS
FULL CAST <input type="checkbox"/> High Noble 62*—Type III <input type="checkbox"/> Gold inlay/onlay—Type II (JRV) <input type="checkbox"/> Yellow Semi-Precious <input type="checkbox"/> Other _____ Please Specify LAB TIME: 4 DAYS	KDA-TEMPS Abutments #s _____ Pontics #s _____ <input type="checkbox"/> Wire* <input type="checkbox"/> Cast Metal Frame <input type="checkbox"/> Splinted <input type="checkbox"/> Individual LAB TIME: 4 DAYS
REMOVABLES <input type="checkbox"/> KDA Denture <input type="checkbox"/> Reline <input type="checkbox"/> KDA Premium Denture <input type="checkbox"/> Custom Impression Tray <input type="checkbox"/> KDA Ultra Premium Denture <input type="checkbox"/> Acrylic Stayplate <input type="checkbox"/> Cast Chrome Frame <input type="checkbox"/> Valpast* Partial Denture Complete <input type="checkbox"/> Setup Teeth In Wax <input type="checkbox"/> TCS* Partial Denture Complete <input type="checkbox"/> Partial Framework to Finish <input type="checkbox"/> Olineator™	

KDA-001942